PART B - FEE(S) TRANSMITTAL

TPE	A.	IAKIL) - FEE(S)	1101	NOWIT TAKE				
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MAY O BY			_	_	Alexandria, Virg	ginia 22313	-1450		
	8/		or <u>I</u>	<u> 'ax</u>	(703) 746-4000	: 1\ D11	1 41 6 -	h	
INSTRUCTIONS: This to appropriate to further co indicated unless contains maintenance fee notification	orm sould be used for train soundence including the selow or directed otherwise ons.	Patent, advance or e in Block 1, by (a	rders and noti a) specifying a	fication a new c	of maintenance fees vorrespondence address	vill be mailed; and/or (b) ir	to the current dicating a sep	correspondence address a carate "FEE ADDRESS" for	
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DEPT. 377/AP6A					Kimberly			(Depositor's name	
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APPLICATION NO.	FILING DATE		FIRST NAMEI	AMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/015,206	11/19/2001		Jim F	reid		5259-	03702	7051	
TITLE OF INVENTION: S	SYSTEM AND METHOD F	OR STABILIZĪNG	THE HUMA	N SPIN	E WITH A BONE PLA	ATE			
						•			
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE		TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	0	\$300		\$1700		06/09/2005	
EXAMINER		ART UNIT		CI	LASS-SUBCLASS]			
PHILOGENE, PEDRO		3732			606-061000	-			
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"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation form	on form registered attorney or agent) and the name			es of up to	3			
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Spinal Conc	cepts Inc.		Austir	1, T)	X				
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the pa	atent):	☐ Individual 🎖 Co	orporation or o	ther private gr	oup entity Governmen	
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	MALL ENTITY status. See		b. Applica	ant is no	longer claiming SMA	LL ENTITY s	tatus. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	Beth A.1	Pinoni	· · · · · · · · · · · · · · · · · · ·			4			
Typed or printed name _	Beth A. Vrioni				Registration	$_{No.} \ 39,8$	2005 69	····	
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